



Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

June 29, 2018

Mr. Steven Doe, Manager  
Our Lady Of The Meadows  
1 Pinnacle Meadows  
Richford, VT 05476-7637

Dear Mr. Doe:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 22, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 05/22/2018
---	---	--	--

NAME OF PROVIDER OR SUPPLIER  OUR LADY OF THE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1 PINNACLE MEADOWS RICHFORD, VT 05476
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced onsite relicensing survey, a self-reported incident investigation, and complaint investigation were conducted by the Division of Licensing and Protection from 5/21- 5/22/18. The following are regulatory findings.	R100		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.9.c (2)  Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that the written plan of care was updated to describe the care and services necessary to address behavior changes for 1 of 8 residents reviewed (Resident #1). Findings include:  Per record review, Resident #1 had recently developed behavioral changes that included some aggressive actions toward other residents. The resident was noted to like a particular chair in the common area that was equipped with a specialized pressure relieving pillow that was intended for another person (Resident #3). The staff stated that Resident #1 would rush to sit there before the other resident could get to it, even though there were other cushioned chairs	R145	(PLEASE SEE ATTACHED)	
			POC accepted 6/28/18 K. Campos - RN see attached	

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 05/22/2018
NAME OF PROVIDER OR SUPPLIER  OUR LADY OF THE MEADOWS		STREET ADDRESS, CITY, STATE, ZIP CODE 1 PINNACLE MEADOWS RICHFORD, VT 05476		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R145	Continued From page 1  available for Resident #1 to use. On the evening of 3/1/18, Resident #1 was heading to the chair and made contact with Resident #3 who was also on their way to sit there. Resident #1 pushed Resident #3 by the shoulders, which caused Resident #3 to fall backwards, and Resident #1 to lose their balance and fall on top of the other resident. This resulted in minor injury to Resident #3, and no injury to Resident #1. The nurse at the facility stated that they implemented a 1 to 1 supervision of Resident #1 when they were out of their room and near other residents. Resident #1's care plan was not updated to reflect the intervention of staff to provide close supervision of this resident when around other residents. On 5/22/18 at 10:15 AM, the Registered Nurse at the facility confirmed that the care plan had not been updated to include this intervention or other possible strategies to address the aggressive behaviors.	R145		
R147 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.9.c (4)  Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor;  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that the medical record contained a current list of medications for 1 of 8	R147		

(PLEASE SEE ATTACHED)

SAD

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  C 05/22/2018
NAME OF PROVIDER OR SUPPLIER  OUR LADY OF THE MEADOWS		STREET ADDRESS, CITY, STATE, ZIP CODE 1 PINNACLE MEADOWS RICHFORD, VT 05476			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R147	Continued From page 2  residents reviewed (Resident #7). Findings include:  Per record review, Resident #7 is a diabetic who receives both a long acting insulin daily, and a sliding scale short-acting insulin which is based on blood glucose levels to be given at every meal if needed. The Medication Administration Record (MAR) showed the administration of short acting insulin that correlated with the blood glucose readings. Per review of the medical record however, there were no signed orders found from the physician that provided the sliding scale dosage instructions. Per interview on 5/21/18 at 2:15 PM, the Registered Nurse of the home confirmed that these orders were not available in the medical record, and that they had to be faxed to the home by the physician while the survey was in progress for this surveyor's review.	R147			
R164 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:  (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that some of the unlicensed staff were delegated to administer	R164			

(PLEASE SEE ATTACHED)

SAD

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  C 05/22/2018
NAME OF PROVIDER OR SUPPLIER  OUR LADY OF THE MEADOWS		STREET ADDRESS, CITY, STATE, ZIP CODE 1 PINNACLE MEADOWS RICHFORD, VT 05476			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R164	Continued From page 3  medications by the current Registered Nurse at the home for 3 of 5 employees reviewed.  Per review of sampled employee records, 3 of 5 unlicensed staff who administer medications were not redelegated to administer medications by the current Registered Nurse when the prior nurse left employment of the home. The other two sampled employees were delegated to administer medications by the current RN, as they were hired since the new nurse started. Per interview on 5/22/18, the Registered Nurse confirmed that s/he did not know that the older staff needed to be redelegated by the current RN responsible, and these three employees were delegated by the prior nurse of the home and not the current nurse.		R164		

*(Signature)*

Our Lady Of The Meadows  
Plan of Correction  
Residential Care Home State Survey  
May 22, 2018

**R145**

5.9.c (2)

**Action:**

The Nurse Manager has reviewed the care plans for each resident to ensure that it is based on abilities, needs and includes services necessary to address behavioral changes as identified in the resident assessment (Please see Attachment A for an example care plan that addresses behavioral changes).

The care plan for Resident #1 was not reviewed/updated as part of this plan of correction as s/he was discharged from Our Lady of the Meadows to Level I/II Long Term Care facility on March 6, 2018.

**Measures:**

The Nurse Manager met with the nursing team to review the necessity of updating the written plan of care to describe the care services necessary to address behavior changes.

**Monitors:**

The Nurse Manager and entire Nursing Staff will monitor this practice to ensure that this deficiency does not reoccur.

**Date Completed:**

5/23/2108

R145 POC accepted 6/28/18  
Karen Campor RN

**R147**

5.9.c (4)

**Actions:**

On May 22, 2018, the Nurse Manager obtained signed orders for Resident #7 from the physician that provides the sliding scale dosage instructions.

**Measures:**

The Nurse Manager and entire nursing team will ensure that each resident's medical record will contain a current list of medications. This list will be kept up to date and will be reviewed with medical appointment notes at which time the Medical providers list of medications will be reconciled with the facilities medication list. Medication orders will be obtained as required.

**Monitors:**

The Nurse Manager and entire nursing team will monitor this practice to ensure that this deficiency will not reoccur.

**Date Completed:**

5/23/2018

R147 POC accepted 6/28/18

Karen Campos RN

**R164**

5.10

**Action:**

The Nurse Manager has initiated the process of redelegating the responsibility of the administration of specific medications to designated unlicensed staff for designated residents. The Nurse Manager will complete this process no later than July 31, 2018.

**Measures:**

The Nurse Manager Orientation Process has been modified to ensure that the responsibility of the administration of specific medications to designated unlicensed staff for designated residents will be redelegated by the incoming Nurse Manager.

**Monitors:**

The Nurse Manager and Administrator will monitor this practice to ensure that this deficiency will not reoccur.

**Date Completed:**

July 31, 2018

R164 POC accepted 6/28/18  
Karen Campos RN